

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # 643151 1. Entity Name ISLAND SHRIMP, INC.	
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Principal Place of Business 137 FAIRWICH COURT TAVERNIER, FL 33070	Mailing Address 137 FAIRWICH COURT TAVERNIER, FL 33070
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DO NOT WRITE IN THIS SPACE



01132006	No Chg-P	CR2E034 (11/05)
4. FEI Number 59-1939326	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BLACK, JOHN W.
420 SOUTH DIXIE HIGHWAY , SUITE 2-B
CORAL GABLES, FL 33146

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when testating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, BERTON E. 137 FAIRWICH CT. TAVERNIER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000407427
02/08/06-80019-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Berton E. Smith BERTON E. SMITH 1-27-06 305-852-839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #